

STATE OF KANSAS - LABOR RELATIONS SECTION - PROFESSIONAL NEGOTIATIONS ACT - TOPEKA, KANSAS**COMPLAINT AGAINST EMPLOYER, EMPLOYEE ORGANIZATION OR EMPLOYEE(S)**

FILED BY:

☐

Employer

☐

Employee Organization

☐

Employee(s)

Do Not Write In This Space

CASE NO: _____

DATE FILED: _____

INSTRUCTIONS: File an **original and two copies** with the Labor Relations Section, 401 SW Topeka Blvd., Topeka, Kansas 66603-3182 by Certified Mail. Questions regarding this form may be directed to **(785) 368-6224**. If more space is required for any item, attach additional sheets, numbering item accordingly.

1. Employer, Employee Organization or Employee(s) against whom complaint is brought:
 - a. Name: _____
 - b. Number of workers employed: _____
 - c. Address of establishment: _____
 - d. Representative to contact: _____ Phone: _____
 - e. Type of establishment: _____
 - f. The above-named has engaged in prohibited practices within the meaning of **K.S.A. 72-5430 subsection(s)** _____ of the Professional Negotiations Act.
2. Basis of the complaint (be specific as to facts, names, addresses, locations involved, dates, places, etc.)
3. Name and address of party filing complaint: _____

4. Relief sought by petitioner: _____

DECLARATION

I declare that I have read the petition and that the statements herein are true to the best of my knowledge and belief.

By _____
(Signature of representative or person filing complaint & title, if any)

Date: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

(Notary Public)
My commission Expires _____